

## OPTIONAL APPLICATION FOR NONAPPROPRIATED FUND EMPLOYMENT

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, USC 301, Title 10, USC sections 121 and 3013.

**PRINCIPAL PURPOSE:** To determine how well your education and work skills fit you for a job, and for personnel actions after employment, such as promotions, transfer, and pay and leave entitlements. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed.

**ROUTINE USES:** We must have your social security number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. We may also use your SSN to make request for information about you from employers, schools, banks, and other who know you, but only where allowed by law. The information we collect by using your SSN will be used for employment purposes, and also for studies and statistics that will not identify you. We may give information from your records to appropriate federal agencies such as the Department of Labor and the Equal Employment Opportunity Commission, to resolve and/or adjudicate matters falling within their jurisdiction. Records may also be disclosed to labor organizations in response to requests for names of employees and identifying information. Information we have about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

**DISCLOSURE:** Your responses to the collection of this information are voluntary, but we cannot determine your qualifications, which is the first step toward getting the job, if you do not answer these questions.

*You may apply for Army Nonappropriated Fund (NAF) positions with a resume, this Optional Application for NAF Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. If essential to attach additional pages, include your name and social security number on each page. If selected for a position, prior to your appointment, you will be required to certify the accuracy of all information in your application and complete the Supplemental Employment Application Form.*

1. NAME	2a. SSN	3. JOB ANNOUNCEMENT/TITLE	
4. ADDRESS	2b. DOB (YYYYMMDD)		
	5. WORK PHONE	6. HOME PHONE	
7. FAX TELEPHONE NUMBER	8. E-MAIL ADDRESS		
9. DO YOU CLAIM SPOUSE EMPLOYMENT OR ISM PREFERENCE? ( <i>Applicant must identify SEP/ISM preference claim and attach proof of eligibility. Former military members must provide copy of DD Form 214.</i> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	10. ARE YOU INVOLUNTARILY SEPARATED MILITARY MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. MILITARY RANK
	11. ARE YOU CURRENTLY IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. SKILLS			

14. WORK EXPERIENCE

(Start from the most recent one and then go back)

1. From: To: Title of Position:

Name & Phone # of Supervisor:

Employer Name:

Summary of duties:

2. From: To: Title of Position:

Name & Phone # of Supervisor:

Employer Name:

Summary of duties:

3. From: To: Title of Position:

Name & Phone # of Supervisor:

Employer Name:

Summary of duties:

4. From: To: Title of Position:

Name & Phone # of Supervisor:

Employer Name:

Summary of duties:

15. TRAINING/EDUCATION (Last school attended)

16. LICENSES/CERTIFICATES

17. OTHER INFORMATION (Place of Birth):

18. IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT SUPERVISOR REGARDING YOUR CHARACTER, QUALIFICATIONS AND RECORD OF EMPLOYMENT?

☐ YES ☐ NO

19. SIGNATURE

20. DATE (YYYYMMDD)